

GENERAL FACT SHEET

BILL NUMBER 11-132

BRIEF TITLE	APPROVAL DEADLINE	REASON
Amend Lincoln Municipal Code Sections 2.62.090, 2.65.090, and 2.66.085, each titled Review of Disability Retirement Benefit to increase the review period from 3 to 5 years.		Allow more time for review of Disability Retirement Benefits.

DETAILS

POSITIONS/RECOMMENDATIONS

<p>An ordinance amending Lincoln Municipal Code Chapter 2.62, 2.65, 2.66 by amending:</p> <p>Sections 2.62.090, 2.65.090, and 2.66.085, each titled Review of Disability Retirement Benefit to increase the Disability Retirement review period from 3 to 5 years.</p>	<p>Sponsor: Personnel Dept.</p>	<p>Recommend approval: Yes.</p>
	<p>Program Departments, or Groups Affected: Police and Fire Pension Members</p>	
	<p>Applicants/ Proponents: Personnel Dept.</p>	
<p>Discussion (Including Relationship to other Council Actions)</p>	<p>Opponents</p>	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
	<p>Staff Recommendations</p>	<p><input type="checkbox"/> For <input type="checkbox"/> Against Reason Against</p>
	<p>Board or Commission Recommendation</p>	<p>BY: <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)</p>
	<p>CITY COUNCIL ACTIONS (For Council Use Only)</p>	<p> <input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass </p>

DETAILS
POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES	
	OPERATIONAL IMPACT ASSESSMENT	_____	
	FINANCES		
	COST AND REVENUE PROJECTIONS	COST of total project:	\$
		COST of this Ordinance/Resolution	\$
		RELATED annual operating Costs	\$
		INCREASE REVENUE EXPECTED/YEAR	\$
SOURCE OF FUNDS	CITY [Approximately]		
	_____	\$ _____ %	
	_____	\$ _____ %	
	_____	\$ _____ %	
	NON CITY [Approximately]		
	_____	\$ _____ %	
	_____	\$ _____ %	
	_____	\$ _____ %	
BENEFIT COST			
<input type="checkbox"/> Front Foot Assessment			
<input type="checkbox"/> Square Foot			
		Average	
		\$ _____	\$

APPLICABLE DATES:
FACT SHEET PREPARED BY: Paul D. Lutomski

REVIEW BY: John E. Cripe

REFERENCE NUMBER